

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

FILE NO. _____
RECEIPT NO. _____

**COOPERATIVE
APPLICATION FOR CERTIFICATE OF AUTHORITY**

Pursuant to the provisions of SDCL 47-19, the undersigned cooperative hereby applies for a Certificate of Authority to transact business in the State of South Dakota and for that purpose submits the following statement:

(1) The name of the cooperative is _____
(Exact corporate name)

(2) State where incorporated _____ Federal Taxpayer ID# _____

(3) The date of its incorporation is _____ and the period of its duration, which may be perpetual, is _____

(4) The address of its principal office in the state or country under the laws of which it is incorporated is _____ Zip Code _____
mailing address if different from above is: _____ Zip Code _____

(5) The street address, or a statement that there is no street address, of its proposed registered office in the State of South Dakota is _____ Zip _____
and the name of its proposed registered agent in the State of South Dakota at that address is: _____

(6) The purposes which it proposes to pursue in the transaction of business in the State of South Dakota are:
(state specific purpose) _____

(7) The names and respective addresses of its directors and officers are:

Name	Officer Title	Street Address	City	State	Zip
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(8) The aggregate number of members, and of the number of members by classes, if any:

Number of Members	Class
_____	_____
_____	_____

(9) The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class is, if

Number of shares	Class	Series	Par value per share or statement that shares are without par value
_____	_____	_____	_____
_____	_____	_____	_____

(10) The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is, if any:

Number of shares	Class	Series	Par value per share or statement that shares are without par value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(11) The amount of its stated capital is \$ _____
Shares issued times par value equals stated capital. In the case of no par value stock, stated capital is the consideration received for the issued shares.

(12) This application is accompanied by a CERTIFICATE OF FACT or a CERTIFICATE OF GOOD STANDING duly acknowledged by the secretary of state or other officer having custody of corporate records in the state or country under whose laws it is incorporated.

(13) That such corporation shall not directly or indirectly combine or make any contract with any incorporated company, foreign or domestic, through their stockholders or the trustees or assigns of such stockholders, or with any copartnership or association of persons, or in any manner whatever to fix the prices, limit the production or regulate the transportation of any product or commodity so as to prevent competition in such prices, production or transportation or to establish excessive prices therefor.

(14) That such corporation, as a consideration of its being permitted to begin or continue doing business within the State of South Dakota, will comply with all the laws of the said State with regard to foreign corporations.

The application must be signed, in the presence of a notary public, by the chairman of the board of directors, or by the president or by another officer.

I DECLARE AND AFFIRM UNDER THE PENALTY OF PERJURY THAT THIS APPLICATION IS IN ALL THINGS, TRUE AND CORRECT.

Dated _____

(Signature)

STATE OF _____
COUNTY OF _____

(Title)

On this the _____ day of _____, before me personally appeared _____
_____ known to me or satisfactorily
proven to be the person(s) who are described in, and who executed the within instrument and acknowledged
to me that she/he/they executed the same.

My Commission Expires

Notary Public

Notarial Seal

The Consent of Appointment below must be signed by the registered agent listed in number five.

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(cooperative name)

Dated _____

(signature of registered agent)

FEE SCHEDULE

Authorized capital stock of	\$ 25,000	or less	\$ 100
Over \$25,000 and not exceeding	100,000		125
Over \$100,000 and not exceeding	500,000		200
Over \$500,000 and not exceeding	1,000,000		300
Over \$1,000,000 and not exceeding	1,500,000		400
Over \$1,500,000 and not exceeding	2,000,000		500
Over \$2,000,000 and not exceeding	2,500,000		600
Over \$2,500,000 and not exceeding	3,000,000		700
Over \$3,000,000 and not exceeding	3,500,000		800
Over \$3,500,000 and not exceeding	4,000,000		900
Over \$4,000,000 and not exceeding	4,500,000		1,000
Over \$4,500,000 and not exceeding	5,000,000		1,100

For each additional \$500,000, \$250 in addition to \$1,100.

For purposes only of computing fees under this section, the dollar value of each authorized share having a par value shall be equal to par value and the value of each authorized share having no par value shall be equal to one hundred dollars per share. The maximum amount charged under this subdivision may not exceed sixteen thousand dollars.

The proper filing fee must accompany the application. Make checks payable to the Secretary of State

FILING INSTRUCTIONS:

The application must be signed, in the presence of a notary public, by the chairman of the board of directors, or its president, or any other officer. One original and one photocopy of the application must be submitted.

The application must be accompanied by an original, currently dated, CERTIFICATE OF FACT or a CERTIFICATE OF GOOD STANDING from the Secretary of State in the state where incorporated. A photocopy of a certificate is not acceptable. It should be dated within ninety days of submitting it to our office.

South Dakota law requires every cooperative to continuously maintain a resident of this state as the registered agent (number five on the application). The registered agent's address is considered the registered office address of the corporation in South Dakota. A complete street address must be listed for service of process.

The Consent of Registered Agent portion must be signed by the South Dakota registered agent.

Mail the application, certificate, and filing fee to the Secretary of State, Corporate Division, 500 E. Capitol, Pierre, SD 57501-5070. The duplicate and a Certificate of Authority will be returned for your records.

(CACOOP)